

## KENTUCKY BOARD OF EMERGENCY MEDICAL SERVICES

COMMONWEALTH OF KENTUCKY 2545 LAWRENCEBURG ROAD FRANKFORT, KENTUCKY 40601 PHONE: 502-564-8963 FAX: 502-564-4687



## **EMS-TEI AFFIDAVIT AGREEMENT**

By signing this agreement, I agree as a training and educational institution to follow all statutes of Kentucky pertaining to EMS and all regulations promulgated by the Kentucky Board of Emergency Medical Services, pertaining to educational institutions and instructors. Further, I agree to use approved and current National Department of Transportation Curriculum as listed below.  Please complete all agency information and check the courses that will be provided by your institution.
Section 1: Agency:
Chief Administrative Officer:
Program Coordinator:
Section 2:   First Responder Initial Course
☐ 1995 National Department of Transportation Curriculum
☐ Cabinet for Health Services Approved HIV/AIDS Course
☐ All Supplemental Curriculum from <a href="https://www.kbems.org">www.kbems.org</a> website (required by regulations)
Section 3:  First Responder Refresher/Transition
☐ 1996 National Department of Transportation Curriculum Refresher
Section 4:   EMT-Basic Initial
☐ 1994 National Department of Transportation Curriculum
☐ Cabinet for Health Services Approved HIV/AIDS Course
☐ All Supplemental Curriculum from <u>www.kbems.org</u> website
Section 5: EMT-Basic Refresher Course
☐ 1996 National Department of Transportation Refresher Curriculum

Section 6: 🛘 Paramedic	
☐ 1998 National Department of Transportation Curriculum	
☐ Cabinet for Health Services Approved HIV/AIDS Course	
☐ Determination of Death Class	
Section 7: All instructors must meet the regulations found in:	
(Paramedic Training)	
Section 8: Continuing Education:	
☐ Intend to provide continuing education classes	
I hereby swear or affirm that the information contained in this agreement is the and accurate to the best of my knowledge this day of, 20	
By:	
Title:	
STATE OF )	
OUNTY OF )	
	nis
day of, 20 My Commission Expires:	
My Commission Expires:	
Notary Public	
Return Agreement to:	
Attn: Patty Jeffries Kentucky Board of Emergency Medical Services	
2545 Lawrenceburg Road	
Frankfort, Kentucky 40601	

\* THIS FORM MUST BE NOTARIZED. IF IT IS NOT NOTARIZED, IT WILL BE RETURNED TO YOU FOR NOTARY.